

PART B—ISSUE FEE TRANSMITTAL

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Washington, D.C. 20231B4
WKM

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

CN 028008

HM12/0117

EDWIN P CHING
DNAX RESEARCH INSTITUTE
901 CALIFORNIA AVENUE
PALO ALTO CA 94304-1104

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Lois E. Miller

(Depositor's name)

Lois E. Miller

(Signature)

April 13, 2001

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/989,362	12/12/97	038	TUNG, M	1644 01/17/01
First Named Applicant: GORMAN, 35 USC 154(b) term ext. = 391 Days.				

TITLE OF INVENTION MAMMALIAN CELL SURFACE ANTIGENS: RELATED REAGENTS

ATTYS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 DX0686	536-023.100	A76	UTILITY	NO	\$1240.00	04/17/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Edwin P. Ching

2 Andrew T. Serafini

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Schering Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Kenilworth, NJ

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee☐ Advance Order - # of Copies

4b. The following fees or deficiency in these fees should be charged to:

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☒ Issue Fee☒ Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Sheela Mohan Peterson, Reg. No. 41,201

4/13/01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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04/16/2001 HMDK2 0000022 041239 0659362
1240.00 CH
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01 FU:142
02 FU:561